



# Enteral Nutrition Update: Changes to the List of Covered Enteral Nutrition Products, Effective November 1, 2022, December 1, 2022, and January 1, 2023

October 1, 2022

The [List of Covered Enteral Nutrition Products](#) has been updated on the [Medi-Cal Rx Web Portal](#). The effective date of the changes are November 1, 2022, December 1, 2022, and January 1, 2023.

Effective November 1, 2022, PKU Easy Microtabs, tablets, unflavored, 110 g, Metabolic protein equivalent tablets have been updated for the billing code. The manufacturer and distributor, Galen US, Inc., is no longer the manufacturer. POA Pharma has been updated as the manufacturer, and Nexus Patient Services is the sole distributor for PKU Easy Microtabs on and after November 1, 2022. Providers can contact Nexus Patient Services for information on the process for obtaining PKU Easy Microtabs at the contracted Maximum Acquisition Cost (MAC) price at the toll-free number 1-833-875-0200 or at the email address [info@nexuspatientservices.com](mailto:info@nexuspatientservices.com).

Product Label Name	Medi-Cal 11-Digit Billing Number (NDC)	Description of Change
PKU Easy Microtabs, tablets, unflavored, 4x110 g	10885034100	Added

The prior Medi-Cal 11-digit billing number (NDC) for this product has been terminated, effective December 1, 2022, from the [List of Covered Enteral Nutrition Products](#) and can be found on the deletions tab.

**Effective January 1, 2023**, the following additions have occurred:

Product Label Name	Medi-Cal 11-Digit Billing Number (NDC)	Description of Change
Liquid Hope Peptide High Protein, 341 g	57858000432	Added
Nourish Peptide Berry Medley, 341 g	57858000444	Added
Kate Farms Standard 1.4, chocolate, 325 ml	11112003044	Added
Boost VHC Very Chocolate, 24 x 8 oz carton	43900034470	Added
COMPLETE Pediatric Peptide 1.5 Cal, Unflavored, 6x1000 ml	43900022872	Added
COMPLETE Peptide 1.5 Cal, Unflavored, 6x1000 ml	43900033871	Added
COMPLETE Pediatric Standard 1.0, Vanilla 24x250 ml	43900017509	Added
COMPLETE Pediatric Standard 1.0, Vanilla 6x1000 ml	43900035118	Added
COMPLETE Pediatric Standard 1.4, Vanilla 24x240 ml	43900080617	Added
COMPLETE Pediatric Standard 1.4, Vanilla 6x1000 ml	43900080643	Added
COMPLETE Standard 1.4, Vanilla 24x250 ml	43900049106	Added
COMPLETE Standard 1.4, Vanilla 6x1000 ml	43900074815	Added
Kflo, unflavored, 4:1 ratio, 24x250 ml	12539002577	Added
PKU Start, unflavored, 4x400 g	60385094058	Added

Product addition or inclusion on the [List of Covered Enteral Nutrition Products](#) does not guarantee supply nor individual specific coverage. Products deleted from the [List of Covered Enteral Nutrition Products](#) will no longer be reimbursed, even with an approved prior authorization, on or after the effective date of deletion. The MAC for these products is no longer guaranteed.

Medi-Cal Rx beneficiaries who were denied enteral nutrition products and believe the denial was in error may ask for a state hearing by contacting the California Department of Social Services, State Hearings Division, at the following address:

P.O. Box 944243, MS 21-37

Sacramento, CA 94244-2430

Toll Free: 1-800-743-8525 or 1-855-795-0634

Fax: 1-833-281-0905

Medi-Cal Rx beneficiaries who are members of a Medi-Cal Managed Care Plan (MCP) can contact their individual plan directly for possible coverage, billed as a medical benefit on a *CMS 1500* medical claim form. Each Medi-Cal MCP determines enteral nutrition coverage outside of Medi-Cal Rx since enteral nutrition is a partial carve-out Medi-Cal Rx benefit.

## Contact Information

You can call the Medi-Cal Rx Customer Service Center (CSC) at 1-800-977-2273, which is available 24 hours a day, 7 days a week, 365 days per year.

For other questions, email Medi-Cal Rx Education & Outreach at [MediCalRxEducationOutreach@magellanhealth.com](mailto:MediCalRxEducationOutreach@magellanhealth.com).